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**CONFIRMATION NO. 7779**

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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *nb*

This application is a DIV of 10/146,421 05/14/2002 PAT 6,749,997

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *nb*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>nb</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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## TITLE

Gray scale x-ray mask

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